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Jennifer Lape

PTO:SB/22 (U7-06)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | | |
|---|--------|--------------------------|---|--|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 31126/41458CIP2 | | |
| Application Number 10/627,556-Conf. #3297 | | Filed July 26, 2003 | | |
| For BINDING DOMAIN-IMMUNOGLOBULIN FUSION PROTEINS | | | | |
| Art Unit 1643 | | Examiner L | ynn Bristoi | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| , | Fee | Small Entity Fee | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | S | |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| x Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ 2160.00 | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855 . I have enclosed a duplicate copy of this sheet. | | | | |
| | | | | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| x attorney or agent of record. Registration Number 40,725 | | | | |
| attorney or agent under 37 CFR 1.34. | | | | |
| Registration number if acting under 37 CFR 1.34 | | | | |
| William K. Mus | | September 1 | 1, 2006 | |
| Signature | | Date | | |
| William K. Merkel | | | (312) 474-6300 | |
| Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more | | | | |
| than one signature is required, see below. | | | | |
| Total of1 forms are submitted. | | | | |
| | | | | |
| | | | | |
| I hereby certify that this paper (along with any paper referred to as being attached or unclosed) is being facsignile transmitted to telephone no. | | | | |
| (571) 273-8300, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 | | | | |
| Dated: September 11, 2008 Signature: William K. Merkel | | | | |